

**CAREER AND TECHNICAL STUDENT ORGANIZATION ACTIVITY  
MEDICAL RELEASE/PARENT PERMISSION FORM**

Local Education Agency (original to educational records)

**INSTRUCTIONS:** Students, parents/guardians and chapter advisors must complete this form for each student participant as a prerequisite for the student to attend a career and technical student organization activity. Each chapter advisor must bring the completed forms to the student activity.

Student _____	Parent/Guardian _____
Spouse (if married) _____	Address _____
Home Address _____	Phone: (W) _____ (H) _____
_____	Alternate Contact _____
Phone: (W) _____	Address _____
Student's Doctor _____	Phone (W) _____ (H) _____
Address _____	Advisor _____
_____	School _____
Phone: _____	Administrator _____
School Phone _____	School Fax: _____

**Student covered by group or other medical insurance as follows:**

Name of Insured _____	Insurance Co. _____
Group # _____	Policy # _____

Please describe completely any medical condition (past or present) being treated, which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicap, heart or lung problems, seizures, convulsions, blackouts, etc.) If currently taking medication, state the medication and prescribing physician and phone number: \_\_\_\_\_

(Attach separate form if necessary)

**Parent/Guardian please check one and sign:**

\_\_\_\_\_ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any person listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE DURING THIS ACTIVITY. I GIVE PERMISSION FOR \_\_\_\_\_ TO ATTEND A KENTUCKY CAREER AND TECHNICAL STUDENT ORGANIZATION CONFERENCE AND HEREBY RELEASE THE STATE AND LOCAL ORGANIZATION AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY STUDENT'S PARTICIPATION.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

CHAPTER/SCHOOL